129 CMR 3.00: DISCLOSURE OF HEALTH CARE CLAIMS DATA

Section

3.01: General Provisions

(1) Authority. 129 CMR 3.00 is promulgated under the authority of and in conformity with G.L. c.6A, §§16J, 16K and 16L.

(2) Scope and Purpose. 129 CMR 3.00 governs the disclosure of Health Care Claims Data submitted by carriers and third-party administrators to the Health Care Quality and Cost Council. The purpose of these regulations is to protect the privacy of data subjects and the confidentiality of health care claims data while permitting limited access to such data where such access serves the public interest.

(3) Effective Date. These regulations shall be effective on [date].

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3.02: Definitions

The following words shall have the following meanings:

Carrier. Any entity subject to the insurance laws and rules of Massachusetts, or subject to the jurisdiction of the commissioner of insurance that contracts or offers to provide, deliver, arrange for, pay for, or reimburse any of the costs of health services, and includes an insurance company, a health maintenance organization, a nonprofit hospital services corporation, a medical service corporation, third-party administrator or any other entity arranging for or providing insured health coverage.

CMS. The federal Centers for Medicare and Medicaid Services.

Council. The Health Care Quality and Cost Council established under G.L. c.6A, §16K.

Data Use Agreement. A document detailing restrictions on disclosure and use of Health Care Claims Data.

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Data Not for Release. Those data elements that shall not be disclosed by the Council. These data elements are identified in the attached Tables 1, 2 and 3, regarding Member Eligibility Data Release, Medical Claims Data Release and Pharmacy Claims Data Release, respectively.¶

Disclosure. The release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.

Encryption. The use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key.

Health Care Claims Data. Information consisting of, or derived directly from, member eligibility information, medical claims, pharmacy claims, and all other data submitted by health care claims processors pursuant to 129 CMR 2.00.

Health Care Claims Processor. A third-party payer, third-party administrator, or carrier that provides administrative services for a plan sponsor.

Payment Rate. The amount paid by a carrier or health care plan to a provider for a specific health care service or product.

Provider. A health care practitioner, health care facility, health care group, medical product vendor or pharmacy.

Level 1 Data Element. A data element identified as Level 1 Data in the attached Tables 1, 2 and 3, regarding Member Eligibility Data Release, Medical Claims Data Release and Pharmacy Claims Data Release, respectively. The Data Release Review Board may disclose Level 1 Data Elements to a requesting party subject to the procedure set forth in 129 CMR 3.03 and the assurances required by 129 CMR 3.04.

Level 2 Data Element. A data element identified as Level 2 Data in Tables 1, 2 and 3, regarding Member Eligibility Data Release, Medical Claims Data Release and Pharmacy Claims Data Release, respectively. The Data Release Review Board may disclose Level 2 Data Elements to a requesting party subject to the procedure set forth in 129 CMR 3.03 and the assurances required by 129 CMR 3.04.

Level 3 Data Element. A data element identified as Level 3 Data in Tables 1, 2 and 3, regarding Member Eligibility Data Release, Medical Claims Data Release and Pharmacy Claims Data Release, respectively. The Council or the Data Release Review Board shall not disclose Level 3 Data Elements.

Third-Party Administrator. Any person or entity that, on behalf of a plan sponsor, health care services plan, nonprofit hospital or medical service organization, health maintenance organization or insurer, receives or collects charges, contributions or premiums for, or adjusts or settles claims on behalf of the residents of the state.

Third-Party Payer. A health insurer, nonprofit hospital or medical services organization, or managed care organization or any other entity licensed in the Commonwealth of Massachusetts that pays for health care services or products.

3.03: Data Review Procedures

(1) Data Release Review Board. Subject to the Council's approval, the Executive Director shall designate a Data Release Review Board to review applications from requesting parties seeking release of Health Care Claims Data filed pursuant to G.L. c.6A, §16L.

(a) The Data Release Review Board shall include at least one member of the Council; one member of the Council's Advisory Committee (established pursuant to G.L. c.6A, §16L(l)); an attorney with expertise in health data privacy issues; a data security expert; a representative of a hospital licensed in

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Massachusetts; a clinician licensed to practice in Massachusetts; individuals with expertise using statistics, clinical data, demographic data, and payment data; and any other individuals whom both the Council and the Executive Director deem necessary for the review and evaluation of applications for Health Care Claims Data.

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(b) Members of the Data Release Review Board shall be appointed to serve for two years, but may be removed by a vote of the majority of the Council.

(c) The Data Release Review Board may direct the Executive Director and the staff of the Council to do the following:

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1. review all applications for Health Care Claims Data;
2. ensure applications for Health Care Claims Data are complete;
3. approve applications for Level 1 Data Elements that meet the requirements of 129 CMR 3.03, 3.04, and 3.05 and do not involve any Level 2 data elements;
4. reject all applications for Level 3 Data;
5. refer to the Data Release Review Board for review all applications for Level 2 Data Elements and any other applications that the Executive Director or Council staff deem appropriate for the Board's review; and
6. prepare materials for presentation to the Data Release Review Board.

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(d) The Data Release Review Board shall meet regularly according to a schedule set by the Council to review applications for Level 2 Data Elements as well as for any other Health Care Claims Data that the Executive Director deems appropriate for the Board's review. The Data Release Review Board will review the proposed use of the data, the credentials of the requesting party, and the nature of the data requested. The Data Release Review Board shall consider whether the proposed use of the data will jeopardize patient privacy, whether the proposed disclosure may enable collusion or anti-competitive conduct, the effect of the proposed use on the quality and costs of health care, and whether the proposed use will further the public interest by promoting improvements in health care quality or reductions in the growth of health care costs.

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(2) Application Review Procedures.

(a) Applications for Data. All parties requesting access to, disclosure of, or use of Health Care Claims Data shall submit a written application using a form approved by the Council.

(b) Application Requirements. All parties requesting Health Care Claims Data from the Council shall:

1. specify the purpose and intended use of the data requested, including a detailed project description;
2. specify each data field requested;
3. justify the need for each requested Level 2 Data Element to accomplish the applicant's stated purpose;
4. specify the applicant's qualifications to perform such research or accomplish the intended use;
5. specify administrative, security and privacy measures to be taken to safeguard the confidentiality of patient information, payment rates, and

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any Level 2 Data Elements that the Data Release Review Board permits to be released, and to prevent unauthorized access to or use of such data;

6. specify the applicant's methodology for maintaining data integrity and accuracy;
7. identify all employees who will have access to the requested Health Care Claims Data, and describe the activities they will conduct with the data and their qualifications to conduct those activities;
8. specify whether the applicant intends to engage an agent or contractor to conduct any function with the requested data and if so, identify such functions, describe the agent's or contractor's qualifications, state whether the agent or contractor will have access to the data at a location other than the applicant's location or in an off-site server and/or database, and specify all data security measures to be instituted with such agent or contractor;
9. specify measures the applicant, his/her employees, and his/her agents will take to return the original released data to the Council at the conclusion of the applicant's use and to destroy all copies of the data remaining in the applicant's, his/her employee's and his/her agent's possession or control;
10. specify research protocols, as applicable;
11. specify whether the data will be linked to or used in conjunction with other data sources and if so, identify such data sources and explain the purpose for such linking and whether such linking would enable re-identification of the requested data elements;
12. specify the applicant's plans to publish or otherwise disclose any Level 2 Data Elements, or any data derived or extracted from such data, in any paper, report, website, statistical tabulation, or similar document; and
13. agree to pay the application fee or request a waiver of the fee.

(c) Criteria for Approval. The Data Release Review Board may approve for release to an applicant only the requested Health Care Claims Data that the Board determines is necessary to accomplish the applicant's purpose and intended use. Factors the Data Release Review Board may consider in determining whether to exercise its discretion to approve an application for Health Care Claims Data include, but are not limited to, the following:

1. the purpose for which the data is requested is in the public interest and is consistent with the mission and goals of the Council. Uses that serve the Council's mission and the public interest include, but are not limited to: health cost, quality and utilization analyses to formulate public policy; financial studies and analysis of hospital payment systems; utilization review studies; studies to develop indicators of quality of care and to identify areas for improvement; health care facility merger analyses; health planning and resource allocation studies; epidemiological studies, including the identification of morbidity and mortality patterns, and studies of prevalence and incidence of diseases; and research studies and investigation of other health care issues;
2. the applicant has demonstrated it is qualified to undertake the study or accomplish the intended use;
3. the applicant requires such data in order to undertake the study or accomplish the intended use;
4. the applicant can ensure that patient privacy will be protected;

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5. the applicant can ensure that the identities of clinicians will be kept confidential;
6. the applicant can ensure that individual payment rates will be kept confidential;
7. the applicant can safeguard against unauthorized use and disclosure;
8. the applicant agrees to follow all data restrictions, prohibitions, and protections set forth in the Data Use Agreement established by the Council; and
9. the applicant requires that any staff or agent that will have access to or process the data on the applicant's behalf agrees to follow all data restrictions, prohibitions, and protections set forth in these regulations and the Data Use Agreement.

(3) Data Release Decisions.

(a) The Council shall establish a schedule for submission of applications and for review by the Data Release Review Board. The schedule shall provide that the Data Release Review Board will make reasonable efforts to notify each applicant of the Board's decision within 45 days of the scheduled application submission date.

(b) If the Data Release Review Board determines that an applicant's needs may be satisfied by releasing fewer data elements than the number of elements the applicant has requested, the Data Release Review Board shall authorize access to data containing the fewest number of Level 2 Data Elements necessary to accomplish the applicant's purpose or intended use. Similarly, if the Data Release Review Board determines that not all of the elements the applicant has requested are consistent with the applicant's intended use and purpose or with the mission and goals of the Council, or that release of certain requested elements may jeopardize patient privacy, or may enable collusion or anti-competitive conduct or have a tendency to increase health care costs, the Data Release Review Board may authorize the release of only those Level 2 Data Elements that the Board deems consistent with the applicant's purpose and intended use or the Council's mission and goals or the release of which will not jeopardize patient privacy, enable collusion or anti-competitive conduct, or have a tendency to increase health care costs.

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(c) If the application is incomplete or if the Data Release Review Board determines that supplemental information is needed to make its decision, the Data Release Review Board may require such supplemental information and notify the applicant accordingly. The Data Release Review Board's request for supplemental information from the applicant will trigger a new 45-day notification period (as set forth 129 CMR 3.03(3)(a)): a new 45-day notification period will begin to run on the date the applicant must provide the supplemental information to the Board (the date to be determined by the Board) or the date the applicant in fact provides the supplemental information to the Board, whichever is later.

(d) If the Data Release Review Board denies an application for data in whole or in part, the Board will notify the applicant of the reason for denial.

(4) Data Release to State Agencies

A state agency may submit an application pursuant to 129 CMR 3.03(2). Following approval by the Data Release Review Board, the Council may release Level 1 and Level 2 data to the agency for uses that promote the public interest. The agency shall enter into a non-financial Interagency Service Agreement with the Council that allows for purposes and uses within the public interest, provides for security and measures to safeguard the confidentiality of patient information, and includes the relevant disclosure and use restrictions set forth in 129 CMR 3.04. The Council may consider amendments to the Interagency Service Agreement for additional agency uses not stated in the original application.

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3.04: Data Disclosure and Use Restrictions

(1) Required Assurances. All applicants shall make the following written assurances in order to receive Health Care Claims Data from the Council:

(a) The applicant, his/her employees, and his/her agents or contractors shall use the Health Care Claims Data only for the purpose stated in the request.

(b) The applicant shall limit access to the Health Care Claims Data to authorized employees, agents, or contractors as are reasonably necessary to undertake the permitted data uses, and shall ensure that all such employees, agents, and contractors with access to the data comply with all data privacy and security protections and data use restrictions, prohibitions and protections set forth in these regulations and in the Data Use Agreement with the Council. To that end, the applicant shall obtain the written assurances of any authorized agent or contractor to comply with data privacy and security protections and data use restrictions, prohibitions and protections set forth in these regulations and in the Data Use Agreement, including reporting to the applicant any use or disclosure of Health Care Claims Data that is not provided for in the Data Use Agreement.

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(c) The applicant, his/her employees, and his/her agents or contractors shall not use the Health Care Claims Data, alone or in combination with any other data, to identify individual patients, clinicians or payment rates, nor will the applicant, his/her employees, and his/her agents or contractors attempt to identify individual patients, clinicians, or payment rates from the data, or to contact individual patients or clinicians.

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(d)The applicant, his/her employees, and his/her agents or contractors shall not use the Health Care Claims Data, alone or in combination with any other data, in ways that enable or permit collusion or anti-competitive conduct.

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(e)The applicant, his/her employees, and his/her agents or contractors shall not sell the Health Care Claims Data, nor use the data for any marketing or commercial purposes.

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(f)The applicant, his/her employees, and his/her agents or contractors shall retain the requested Health Care Claims Data only as long as is necessary to accomplish the applicant's intended use or purpose. The applicant, his/her employees, and his/her

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agents or contractors shall return to the Council or destroy, in the Data Release Review Board's discretion, all such data, including any copies of the data, as soon as he/she has accomplished that purpose or use. The Data Release Review Board may limit the amount of time within which an applicant may retain data.

(g)The applicant, his/her employees, and his/her agents or contractors shall not reuse, manipulate, or re-aggregate Health Care Claims Data for purposes other than those approved by the Data Release Review Board.

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(h)The applicant shall immediately report to the Data Release Review Board any use or disclosure of Health Care Claims Data that is not provided for in the Data Use Agreement and shall immediately attempt to retrieve such data and take other appropriate actions to limit the known harmful consequences of the non-permitted use of disclosure.

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(i)The applicant shall provide any other assurances required by the Data Use Agreement.

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(j)The applicant, his/her employees, and his/her agents shall permit the Council, its employees, and its designated agents to audit the applicant's compliance with the requirements of the Data Use Agreement.

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(2) Publication. An applicant shall not publish or otherwise disclose any Level 2 Data Elements, or any data derived or extracted from such data, in any paper, report, website, statistical tabulation, or similar document unless such paper, report, website, statistical tabulation, or similar document conforms to the standards for de-identification set forth under 45 CFR 165.514(a), (b)(2), and (c). Nor shall any such public paper, report, website, statistical tabulation, or similar document contain individual payment rates, report any data on ten or fewer individuals or data derived from ten or fewer claims, or include any other matter that the Council has precluded for release in the Data Use Agreement.

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3.05: Other Provisions

(1) Nothing in this regulation shall be construed to limit the Council from releasing information through the website as contemplated in M.G.L. c.6A, §16L.

(2) The Council shall not release data sets that are materially incomplete or that failed to meet data quality standards delineated in the Statistical Plan established pursuant to 129 CMR 2.08.

(3) The Council shall charge a non-refundable fee to all persons and organizations requesting health care claims data that is not otherwise posted on the Council's website for public use. The Executive Director shall establish this fee, with the Council's approval, based on the estimated cost of administering each request for Health Care Claims Data. A total data fee will be charged to all requesting parties. This total fee will reflect the total cost of systems analysis, program development, and computer production costs incurred in producing the requested data, and postage. Applicants may also be required to provide the Council with tapes, CDs, or other appropriate media for processing the data. The fee may be waived in the following instances:

(a) requests by CMS or an agency of the Commonwealth; and

(b) requests by researchers or by non-profit organizations who propose to conduct studies that are in the public interest and who can demonstrate that imposition of a fee would constitute a hardship.

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3.06: Sanctions

(1) If an approved applicant fails to comply with any of the data restrictions, prohibitions, protections, requirements and conditions specified in the Data Use Agreement, the Data Release Review Board may:

(a) deny access to any and all data in the future;

(b) terminate current access to data;

(c) demand and secure the return of all data;

(2) Violations of this policy may also subject the violator to applicable statutory sanctions.

3.07: Administrative Bulletins and Severability

(1) Administrative Information Bulletins. The Data Release Review Board may issue administrative information bulletins to clarify its policy concerning and understanding of the substantive provisions of 129 CMR 3.00. In addition, the Data Release Review Board may issue administrative information bulletins which specify the information and documentation necessary to implement 129 CMR 3.00 G.L. c.6A, §§16J, 16K and 16L; and G.L. c.66A.

(2) Severability. The provisions of 129 CMR 3.00 are severable and if any such provisions or the application of such provisions to any applicant or circumstances are held invalid or unconstitutional, such invalidity or unconstitutionality shall not be construed to affect the validity or unconstitutionality of any of the remaining provisions of 129 CMR 3.00 or of such provisions to an applicant or circumstances other than those as to which it is held invalid.

REGULATORY AUTHORITY

129 CMR 3.00: to M.G.L. c.6A, §§16J, 16K and 16L.

Tables 1, 2 & 3

Table 1 Member Eligibility Data Release

Data Element #	Data Element	Level 1 Data	Level 2 Data	Level 3 Data	Description/Codes/Sources
ME001	Payer		X		Payer submitting payments
ME002	National Plan ID		X		CMS National Plan ID
ME003	Insurance Type Code/Product	X			Insurance type
ME004	Year	X			Year eligibility is reported in this submission
ME005	Month	X			Month eligibility is reported in this submission
ME006	Insured Group or Policy Number			X	Group or policy number
ME007	Coverage Level Code	X			Benefit Coverage Level
ME008	Encrypted Subscriber Unique Identification Number		X		Encrypted subscriber's unique identification number
ME009	Plan Specific Contract Number		X		Encrypted plan assigned contract number
ME010	Member Suffice or Sequence Number		X		Uniquely numbers the member within the contract
ME011	Member Identification Code		X		Encrypted member's unique identification number
ME012	Individual Relationship Code	X			Member's relationship to insured
ME013	Member Gender	X			Gender
ME014	Member Date of Birth			X	CCYYMMDD
	Member Age in Years		X		Calculated field based on date of birth
	Member Age in Months		X		Calculated field based on date of birth
ME015	Member City Name		X		City name of member
ME016	Member State or Province	X			As defined by the US Postal Service
ME017	Member ZIP Code		X		5 digit ZIP Code of member
ME018	Medical Coverage	X			Yes or No
ME019	Prescription Drug Coverage	X			Y Yes No field
ME020	Race 1	X			Race
ME021	Race 2	X			Race
ME022	Other Race	X			Patient Race, if Race 1 or Race 2 is entered as Other Race
ME023	Hispanic Indicator	X			Yes/No
ME024	Ethnicity 1	X			Ethnicity
ME025	Ethnicity 2	X			Ethnicity
ME026	Other Ethnicity	X			if Ethnicity 1 or Ethnicity 2 is entered as OTHER.
ME027	Record Type	X			MEMBER

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Table 2 Medical Claims Data Release

Data Element #	Data Element Name	Level 1 Data	Level 2 Data	Level 3 Data	Description/Codes/Sources
MC001	Payer		X		Payer submitting payments
MC002	National Plan ID		X		CMS National Plan ID
MC003	Insurance Type/Product Code	X			Type of Insurance
MC004	Payer Claim Control Number		X		Must apply to the entire claim and be unique within the payer's system
MC005	Line Counter		X		Line number for this service
MC005A	Version Number		X		Version number of the claim service line
MC006	Insured Group or Policy Number			X	Group or policy number
MC007	Encrypted Subscriber Unique Identification Number		X		Encrypted subscriber's Unique ID number
MC008	Plan Specific Contract Number		X		Encrypted plan assigned
MC009	Member Suffix or Sequence Number		X		Uniquely numbers the member within the contract
MC010	Member Identification Code		X		Encrypted member's Unique Identification number
MC011	Individual Relationship Code	X			Member's relationship to subscriber
MC012	Member Gender	X			Gender
MC013	Member Date of Birth			X	CCYYMMDD
MC014	Member City Name		X		City name of member
MC015	Member State or Province		X		As defined by the US Postal Service
MC016	Member ZIP Code		X		5 digit ZIP Code of member - may include non-US codes
MC017	Date Service Approved (AP Date)		X		CCYYMMDD == (Generally the same as the paid date)
MC018	Admission Date		X		inpatient claims CCYYMMDD
MC019	Admission Hour	X			Required for all inpatient claims HH or HHMM
MC020	Admission Type	X			
MC021	Admission Source	X			
MC022	Discharge Hour	X			Hour in military time – HH or HHMM
MC022A	Discharge Date		X		Required for inpatient claims CCYYMMDD
MC023	Discharge Status	X			Discharged Disposition
	Length of Stay (LOS)	X			Calculated LOS field.
	Member Age in Years at Discharge		X		Calculate age based on Discharge date
	Member Age in Months at Discharge		X		Calculated age in months at Discharge
MC024	Service Provider Number		X		Payer assigned provider number
MC025	Service Provider Tax ID Number			X	Federal taxpayer's identification number
MC026	National Service Provider ID		X		Required if National Provider ID is mandated for use under HIPAA

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Data Element #	Data Element Name	Level 1 Data	Level 2 Data	Level 3 Data	Description/Codes/Sources
MC027	Service Provider Entity Type Qualifier	X			1 Person or 2 Non-Person Entity HIPAA provider taxon
MC028	Service Provider First Name		X		Individual first name. Set to n Facility
MC029	Service Provider Middle Name		X		Individual middle name or initial. Null if facility or org.
MC030	Service Provider Last Name or Organization Name		X		Full name of provider organization or last name of individual provider
MC031	Service Provider Suffix	X			Suffix to individual name. Set to null if Facility or Org.
MC032	Service Provider Specialty		X		As defined by payer
MC033	Service Provider City Name		X		City name of provider - practice location
MC034	Service Provider State	X			As defined by the US Postal Service
MC035	Service Provider ZIP Code		X		ZIP Code of provider
MC035A	Service Provider Country Name	X			Country name of provider - practice location
MC036	Type of Bill – on Facility Claims	X			Type of Bill
MC037	Site of Service – on NSF/CMS 1500 Claims	X			CMS 1500 Claim Form
MC038	Claim Status	X			Payment status of service line,
MC039	Admitting Diagnosis	X			Required on all inpatient admission claims and encounters
MC040	E-Code	X			ICD-9 CM. Describes injury, poisoning or adverse effect
MC041	Principal Diagnosis	X			ICD-9-CM on claim Header.
MC042	Other Diagnosis – 1	X			ICD-9-CM
MC043	Other Diagnosis – 2	X			ICD-9-CM
MC044	Other Diagnosis – 3	X			ICD-9-CM
MC045	Other Diagnosis – 4	X			ICD-9-CM
MC046	Other Diagnosis – 5	X			ICD-9-CM
MC047	Other Diagnosis – 6	X			ICD-9-CM
MC048	Other Diagnosis – 7	X			ICD-9-CM
MC049	Other Diagnosis – 8	X			ICD-9-CM
MC050	Other Diagnosis – 9	X			ICD-9-CM
MC051	Other Diagnosis – 10	X			ICD-9-CM
MC052	Other Diagnosis – 11	X			ICD-9-CM
MC053	Other Diagnosis – 12	X			ICD-9-CM
MC054	Revenue Code	X			National Uniform Billing Committee Codes
MC055	Procedure 1 Code	X			Health Care Common Procedural Coding System (HCPCS)
MC056	Procedure 1 Modifier – 1	X			Clarifies/improves the reporting accuracy of the associated procedure code
MC057	Procedure 1 Modifier – 2	X			Clarifies/improves the reporting accuracy of the associated procedure code

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Data Element #	Data Element Name	Level 1 Data	Level 2 Data	Level 3 Data	Description/Codes/Sources
MC058	ICD-9-CM Procedure 1 Code	X			Primary ICD-9-CM code given the claim header.
MC059	Date of Service – From		X		First date of service for this service line: CCYYMMDD
MC060	Date of Service – Thru		X		Last date of service for this service line : CCYYMMDD
MC061	Quantity	X			Count of services performed
MC062	Charge Amount		X		Amount charged for service.
MC063	Paid Amount		X		Includes any withhold amounts
MC064	Prepaid Amount		X		For capitated services, the fee for service equivalent amount
MC065	Copay Amount	X			The preset, fixed dollar amount for which the individual is responsible.
MC066	Coinsurance Amount		X		Coinsurance
MC067	Deductible Amount	X			Deductible
MC068	Record Type	X			Medical Claim

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Table 3 Pharmacy Claims Data Release

Data Element#	Element	Level 1 Data	Level 2 Data	Level 3 Data	Description/Codes/Sources
PC001	Payer		X		Payer submitting payments
PC002	Plan ID		X		CMS National Plan ID
PC003	Insurance Type/Product Code	X			Insurance Type
PC004	Payer Claim Control Number		X		Unique claim number of payer system
PC005	Line Counter		X		Line number for this service
PC006	Insured Group Number			X	Group or policy number
PC007	Encrypted Subscriber Unique Identification Number		X		Encrypted subscriber's Unique Identification number
PC008	Plan Specific Contract Number		X		Encrypted plan assigned contract number
PC009	Member Suffix or Sequence Number		X		Uniquely numbers the member within the contract
PC010	Member Identification Code		X		Encrypted member's Unique Identification number.
PC011	Individual Relationship Code	X			Member's relationship to subscriber
PC012	Member Gender	X			Gender
PC013	Member Date of Birth			X	CCYYMMDD
	Member Age in Years at Service Date		X		Calculated field based on Date of Birth and Service Date
	Member Age in Months at Service Date		X		Calculated field based on Date of Birth and Service Date
PC014	Member City Name of Residence		X		City name of member
PC015	Member State		X		As defined by the US Postal Service
PC016	Member ZIP Code		X		ZIP Code of member

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Data Element#	Element	Level 1 Data	Level 2 Data	Level 3 Data	Description/Codes/Sources
PC017	Date Service Approved (AP Date)	X			CCYYMMDD
PC018	Pharmacy Number		X		pharmacy number (NCPDP NABP)
PC019	Pharmacy Tax ID Number			X	Federal taxpayer's identification number
PC020	Pharmacy Name		X		Name of pharmacy
PC021	National Pharmacy ID Number		X		Required if National Provider ID is mandated under HIPAA
PC022	Pharmacy Location City		X		City name of pharmacy - preferably pharmacy location
PC023	Pharmacy Location State		X		As defined by the US Postal Service
PC024	Pharmacy ZIP Code		X		ZIP Code of pharmacy -
PC024A	Pharmacy Country Name	X			Country name of pharmacy
PC025	Claim Status	X			Processed primary, secondary, tertiary Etc.
PC026	Drug Code	X			NDC Code
PC027	Drug Name	X			Text name of drug
PC028	New Prescription	X			New prescription
PC028A	Refill Number	X			01-99 Number of refill
PC029	Generic Drug Indicator	X			Generic vs branded drug
PC030	Dispense as Written Code	X			Dispense indicator
PC031	Compound Drug Indicator	X			N Non-compound drug
PC032	Date Prescription Filled		X		CCYYMMDD
PC033	Quantity Dispensed	X			Number of metric units of medication dispensed
PC034	Days Supply	X			Estimated number of days the prescription
PC035	Charge Amount		X		Do not code decimal point
PC036	Paid Amount		X		Health plan payments.
PC037	Average Wholesale Price (AWP)	X			Cost of the drug dispensed
PC038	Postage Amount Claimed	X			Do not code decimal point
PC039	Dispensing Fee	X			Do not code decimal point
PC040	Copay Amount	X			Dollar amount the individual is responsible
PC041	Coinsurance Amount		X		Do not code decimal point
PC042	Deductible Amount	X			Do not code decimal point
PC043	Record Type	X			Pharmacy Claim

Deleted: Public Unrestricted

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Deleted: X